

**PARENT AUTHORIZATION
FOR AFTER SCHOOL CARE PROGRAM
CHECKOUT**

Child/Children _____ **Grade:** _____
_____ **Grade:** _____
_____ **Grade:** _____

The following individuals may check my child/children out of the McCurdy School Community Center After-school care program:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It would also be helpful to know the names and relationships of those who may **NOT** pick up your child after school. Please list the names of those individuals below.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian: (Print) _____ Home Phone: _____

Parent/Guardian: (Signature) _____ Work Phone: _____

Email Address: _____ Cell Phone: _____